

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	IS01229AP
Application Number	10/747,790
Filing Date	DECEMBER 29, 2003
First Named Inventor	WALTON FEHR
Group Art Unit	2836
Examiner	KAPLAN, HAL IRA

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Drawings: Replacement Sheet	<input type="checkbox"/> Notice of Appeal <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Postcard
<input type="checkbox"/> One Month Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Information Disclosure Statement, PTO-1449	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE

	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Small Entity	Large Entity
Total	Minus			Rate	Add'l Fee
Indep.	Minus			x \$25=	0
First Presentation of Multiple Dep. Claim				x \$100=	0
				+\$180=	---
				total add'l fee	\$ 0
				total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Ave, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/	Date:	SEPTEMBER 1, 2006

CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being submitted electronically to the U.S. Patent and Trademark Office on this date:

SEPTEMBER 1, 2006

Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)	Date:	SEPTEMBER 1, 2006
-----------	---	-------	-------------------